

Spray Products

EMERGENCY CONTINGENCY AND FIRE PREVENTION PLAN

1323 Conshohocken Rd.
Plymouth Meeting Pa. 19462
610-277-1010

SCOPE OF PLAN

The purpose of the Emergency Contingency and Fire Prevention Plan is to anticipate the need for logical coordinated action, in the event of a real or potential emergency occurring on Company property.

This Contingency Plan has been designed to minimize hazards to human health and the environment from fires, explosions, and/or unplanned sudden or non-sudden release of raw materials, hazardous materials, or any of their constituents into work places, the air, soil or water. In addition, this plan is to minimize injury to personnel and damage to Company property; to define relations with involved agencies and the public; and to designate specific areas of responsibility for the action to be taken.

The provisions of this Contingency Plan are intended to be carried out immediately whenever there is a fire, explosion, or release of raw materials, hazardous materials, or their constituents which threaten human health, the environment or property.

In the event of a fire, explosion, or unplanned release of hazardous materials into the workplace, air, soil or surface water at the facility, this Contingency Plan shall be put into effect immediately by the personnel observing the incident or occurrence. The first Emergency Coordinator at the scene shall take command until the Emergency Response Coordinator arrives.

EMERGENCY RESPONSE COORDINATORS

EMERGENCY RESPONSE COORDINATOR (Plant Engineer)

Guy Jordan 610-633-1417

Maintenance Section Coordinator (Plant Engineer)

Guy Jordan 610-633-1417

Safety Section Coordinator (Production Manager)

John (MATT) Quinn 610-496-1757

Traffic Section Coordinator (Operations Manager)

Blain Romak 484-325-0394

Technical Section Coordinator (Technical Specialist)

Bart Bastian (President of operations)

Employees who can offer information regarding the plan:
Guy Jordan and Bart Bastian

Pre-Emergency Planning

To ensure a safe response by off-site agencies, such as Fire Departments, annual tours will be offered to agencies most likely to initially respond to incidents involving hazardous materials or fires.

The intent of the pre-emergency planning is to notify off-site agencies of the potential hazards when responding to the facility. This knowledge will allow the responders to be aware of company actions. This information will aid in personnel accountability.

OFF-SITE EMERGENCY SERVICES

This Contingency Plan has been established, in part, to facilitate coordination and emergency planning with off-site response officials and facilities in the event of an emergency.

Should an emergency occur which requires off-site assistance given its magnitude and limitations of on-site capability as determined by the Emergency Coordinator (EC) in command, the EC will notify management and without delay immediately notify the appropriate agencies for the assistance required as listed below. Coordination has been arranged for as indicated in Section 4. The EC or designee shall meet the responding agencies and direct them to the incident and stand by to assist with information and other resources.

The local police/sheriff and fire departments, local hospitals and appropriate state and local emergency response agencies have been notified of the facility's operations relative to hazardous materials and storage and the potential need for their services.

Copies of these notifications and the responses received are located at Spray Products 1323 Conshohocken Rd. Plymouth Meeting Pa. 19462.

NOTE: Statutory and regulatory release reporting requirements may necessitate Notification of off-site emergency response officials even if no assistance is needed.

PROCEDURES FOR RESCUE AND MEDICAL EMERGENCY:

All emergencies not involving fire or spills are handled by calling 911. All medical emergencies will be referred to Corporate Health Services or Montgomery Hospital. All employees are expected to immediately report injuries so as to ensure prompt professional medical treatment.

Corporate Health Services	610-270-2555
Montgomery Hospital	610-270-2000
Rescue Ambulance	911

EMERGENCY RESPONSE AGENCIES

1. Fire Department:	911
Hazardous Materials Section	610-279-6100
2. Plymouth Township Police Dept.	610-279-6500
	911
3. Montgomery County Public Health Services	215-362-8230
4. Montgomery County Environment Health Agency	610-275-1222
Hazardous Materials Division	
5. Montgomery County Office of Emergency Preparedness	610-631-6500
6. PA Department of Environmental Protection	484-250-5900
7. State Office of Emergency Services (State Warning Center)	610-832-6000
8. EPA Department of Toxic Substance Control	800-438-2474
9. Regional Water Quality Control Board	610-832-6340
10. U.S. EPA, Region	800-438-2474
11. National Response Center	610-832-6059
12. OSHA Enforcement	800-321-6742

EQUIPMENT LISTS

The following is the emergency equipment available in the event of a hazardous materials or waste incident. It shall be used only at the direction of the Emergency Coordinator in command and only by persons trained in emergency response and in the use of the equipment.

1. Fire Fighting

- sprinklers in all areas
- portable fire extinguishers

2. Spill Control

- absorbents
- miscellaneous pillows, dikes and chams
- salvage drum
- empty drum supply
- mops and shovels

3. Alarm Systems

- flammable gas detection
- water flow, deluge system
- water flow, building sprinklers

4. Communications

- building paging system accessible from any telephone

5. Monitoring Programs

- fixed flammable gas detection

6. Safety Equipment

General Safety Equipment

- Safety glasses, goggles
- Tyvek Suits
- Face Shields

- Heavy Rubber Gloves
- Noise suppression
- Latex gloves
- Heavy canvas gloves

Decontamination Equipment

- emergency showers
- fixed and portable eye-wash stations

EMPLOYEES RESPONSIBLE FOR MAINTENANCE OF FIRE EQUIPMENT

All plant fire equipment shall be the responsibility of the maintenance department. The equipment that will be maintained by the maintenance department and outside contractors is as follows.

1. Gas detectors: these detectors are maintained on a quarterly basis and inspection by the maintenance department.
2. Fire sprinklers: this system is maintained and inspected by a responsible, experienced and capable sprinkler firm issued a contract yearly and inspected in accordance with NFPA 25.

Table 5.1 Summary of Sprinkler System Inspection, Testing, and Maintenance

Item Activity Frequency Reference

Gauges (dry, preaction, deluge systems)	Inspection Weekly/monthly	5.2.4.2, 5.2.4.3
Control valves	Inspection Weekly/monthly	Table 12.1
Alarm devices	Inspection Quarterly	5.2.6
Gauges (wet pipe systems)	Inspection Monthly	5.2.4.1
Hydraulic nameplate	Inspection Quarterly	5.2.7
Buildings	Inspection Annually (prior to freezing weather)	
Hanger/seismic bracing	Inspection Annually	5.2.3
Pipe and fittings	Inspection Annually	5.2.2
Sprinklers	Inspection Annually	5.2.1
Spare sprinklers	Inspection Annually	5.2.1.3
Fire department connections	Inspection Quarterly	Table 12.1
Valves (all types)	Inspection	Table 12.1
Alarm devices	Test Quarterly/semiannually	5.3.3
Main drain	Test Annually	Table 12.1
Antifreeze solution	Test Annually	5.3.4
Gauges	Test 5 years	5.3.2
Sprinklers — extra-high temperature	Test 5 years	5.3.1.1.1.3
Sprinklers — fast response	Test At 20 years and every 10 years thereafter	5.3.1.1.1.2
Sprinklers	Test at 50 years and every 10 years thereafter	5.3.1.1.1
Valves (all types)	Maintenance Annually or as needed	Table 12.1
Obstruction investigation	Maintenance 5 years or as needed	13.2.1, 13.2.2
Low point drains (dry pipe system)	Maintenance Annually prior to freezing and as needed	12.4.4.3.3

3. Fire extinguishers: this service is maintained on an annual basis by an authorized contractor. Also the maintenance department inspects the fire extinguishers In accordance with NFPA 10 on a weekly basis.
 - A) Location in designated place
 - B) No obstruction to access or visibility
 - C) Operating instructions and nameplate legible and facing outward
 - D) Safety seals and tamper indicators not broken or missing
 - E) Fullness determined by weighing or "hefting"
 - F) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle
 - G) Pressure gauge reading or indicator in the operable range and/or position
 - H) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units)
 - I) HMIS label in place.

Any extinguisher that may be out of operation or may require service will be taken out of service and replaced with an acceptable replacement.

EVACUATION PROCEDURES

In the event that the hazardous materials, fire, incidents threatens employees or other occupants of the facility, the Emergency Coordinator (EC) in command shall order an immediate evacuation. The EC or designee will announce the evacuation via the public address/paging system or other communications.

Employees, upon hearing the order to evacuate or who otherwise become aware of the need to evacuate, shall notify other employees, safely cease operations and evacuate without delay via the nearest designated unobstructed exit.

Regardless of the exit used, all employees who evacuate shall meet in the employee parking lot. The EC or designee shall be present in this location to account for all personnel known to be on site. No employee shall leave the site without specific authorization by their supervisor, EC or designee.

Employees shall not re-enter the facility for any purpose until specifically authorized by the EC or designee.

Evacuation routes are posted in areas of the plant.

SCOPE OF PLAN

Accountability Information:

The four main work areas and person responsible for accounting and safe evacuation of all employees within their department are as follows:

Area	Accountability Wardens
Office	Director of Operations
Production	Production Manager
Warehouse	Traffic Manager
Facility	Plant Manager

Once the Accountability Wardens have established safe egress from facility the accountability information will be given to the Director of Operations to pass the information on to the Responding Fire Department. The Plant Engineer will be the primary EC (Emergency Coordinator).

When evacuation has been necessitated due to a plant emergency all employees should evacuate to the primary evacuation point which is the employee parking lot. The secondary evacuation point is the corner of Conshohocken Road and Plant Entrance. The primary location should always be gone to first. When using the secondary site be aware of emergency personnel using the road for access.

Upon evacuation the employees will remain at the evacuation point until accounted for by management personnel.

EMPLOYEES WHO REMAIN TO OPERATE CRITICAL PLANT OPERATIONS:

Designated employees will only remain in the plant to assure that key functions are operational prior to evacuation. These actions include initiating Emergency Stops of all equipment by depressing E-Stop Buttons and verifying or activating sprinkler system on tanks or within the buildings. No employee will do more than what they have been trained to accomplish. These Tasks will be performed by emergency management staff properly trained and capable of carrying out required duties.

EMERGENCY RESPONSE AND NOTIFICATION PROCEDURES

LIMITED RELEASE PLAN:

In the event of a limited hazardous materials release employees are authorized to take immediate action to contain and clean up a small amount of material equaling or less than 30 gallons if it does not present an exposure hazard. The employee must also notify their

supervisor of the incident immediately after containing the release. Employees will undertake such action **only** if they have received prior training on the hazards of the materials and can safely handle the material with minimal exposure and use the appropriate personal protective equipment (PPE) for the material. Absorbent materials, other supplies and appropriate PPE are available to employees at the Spill Response Cabinet outside the production office to use in such cleanups.

FIRE PREVENTION PLAN:

The plant's fire prevention plan is to notify all employees, permanent or temporary and outside contractors of the potential fire hazards involved in the plant, which include the building and tank farm. Also, not to allow any source of ignition to enter the plant, such as smoking materials which include cigarettes, matches and lighters. When the need for an ignition source is necessary, all hot work that is to be performed in the plant shall be done by a designated employee and will require a hot site permit prior to starting that job.

This plan will be reviewed on a yearly basis or after any major change in equipment, personnel, or operating procedures. All changes will be reviewed with responding emergency agencies such as Plymouth Township Fire Department on a periodic basis. These preplanning efforts will aid in proper actions by the responding agency.

Personnel have been assigned to:

1. Call 911.
2. Notify office staff.
3. Safely shut off machines.
4. Remove personnel from the building.
5. Close all doors and windows in the fire area, **ONLY** if this can be done safely.
6. Notify the fire department.

The person reporting the fire to the fire department will provide them with the following information:

1. Company name and address.
2. What is burning (machines, paper, tanks, etc.).
3. Location of fire (roof, plant, LPG tank farm, warehouse, office, etc.)

4. Type of fire (electrical, gas, liquid, paper, etc.).

Additional assignments have been made to:

Attempt to extinguish the fire with the use of on-premises equipment (extinguishers, hoses, etc.). A minimum of two persons is required to fight a fire. To ensure employee safety, this is to be done *only* during the early stage of the fire.

Working away from the involved area, personnel will be assigned to:

1. Clear areas of personnel and visitors.
2. Close all doors and windows.
3. Check driveways to see that they are clear for entry of fire fighting equipment. See that gates are unlocked and opened.
4. Wait at the front entrance for arrival of fire fighting equipment. Direct the firemen to the fire if necessary.

Re-entry onto the property will not be permitted until it is declared safe to do so by the Emergency Coordinator or his/her designee and by the local fire/law enforcement.

PROCEDURES FOR EMERGENCIES NOT INVOLVING FIRES:

The following will address emergency actions that will take place in the event of a hazardous substance release. Any release that occurs will require immediate notification of management and a hazard assessment will be performed prior to any clean-up activities. The hazard assessment will categorize the release as an incidental spill or large spill. Large spills may be handled internally with specially trained employees or require outside agencies to aid in the cleanup efforts.

1. Incidental or incipient release:

Designated employees will be trained to respond under 29CFR1910.1200 to incidental spills.

2. Large release / spill:

When a spill of a hazardous substance in quantities that cause health hazards beyond normal conditions occurs, employees will be evacuated from that area by using the pull down switches to activate the alarm.

Designated and specially trained employees will respond to the incident. These employees will respond using appropriate personal protective equipment (PPE) and follow special procedures. This response will be conducted using the Incident Command System.

- A. The following employees are designated Incident Commanders until passing command to the Local Responders upon arrival.
 - 1. Guy Jordan
 - 2. J. Matt Quinn
- B. Personal protective equipment (PPE) will include as required in the following; gloves, boots, goggles, face shield.
- C. Prior to entry into the contaminated area a decontamination plan will be implemented. The Incident Commander will approve the decontamination plan. Reviewing the MSDS, knowledge of chemical, knowledge of applicable resources and equipment within the facility will create this decontamination plan.
- D. As soon as possible after the incident, a meeting of the HAZWOPER Team will occur to critique the response. The critique will be used to improve future responses to spills.

If the spill is beyond internal cleanup abilities then the appropriate authorities will be notified and a hazardous wastes management company will be contacted to remediate the spill. The following companies may be used:

Elk Environmental Services 1-800-851-7156
Initial Response, INC. 1-877-446-4842

HOUSEKEEPING OF FLAMMABLE:

All flammables will be kept sealed when not in use. Flammables will not be allowed to accumulate in areas where they could contribute to a fire emergency. For example, flammables will be cleaned up immediately if spilled or materials such as cardboard, combustible material shall be cleaned up as not to contribute to a fire emergency. General housekeeping will be done on a daily basis. Flammable liquids will be stored within the proper storage areas.

All housekeeping in the production area is the responsibility of the production department. All Cardboard and refuse plastic will be removed from the production floor at the end of every shift. At no time is non essential fuel hazard sources allowed in the production areas.

All housekeeping in the warehouse is the responsibility of the shipping department. All trash, cardboard, and refuse plastic will be removed from the facility at the end of every shift. All finished goods will be stored and secured in the procedure supplied by Spray Products Corp. At all times all controlled fuel hazard sources will be stored in a proper manner.

On-site Emergency Response to Mitigate a Release

If the EC determines it is appropriate to use on-site Emergency Responders or if an Emergency Response Team (ERT) has been established, the designated personnel will, upon activation, immediately prepare to respond to the emergency until arrival of outside emergency personnel, if necessary. All responders will be trained to the HAZWOPER Level for Defensive actions. This training will include 8 hours of training over the year.

Required Personal Protective Equipment (PPE)

Designated responders will don appropriate PPE and commence control and containment of a small spill, release and fire. PPE will be consistent with the recommendations made on the Material Safety Data Sheet (MSDS) or similar guidance for the specific material spilled, and will depend upon the size of the spill or release. In the event of a significant spill, release, fire or earthquake, qualified responders will assist off-site emergency responders to the extent for which they are trained and equipped.

ANNUAL DRILL:

Spray Products will complete 1 Emergency Drill every Calendar Year. The drill can include the LPG Processes (Tank Farm, LPG manifold, or Gas House) or solvent tank farm. This drill will include using Emergency Shutdown Procedures, Plant Evacuation and using the HAZWOPER Team.

After the drill is completed a written assessment will be completed addressing the need or adequacy of Emergency Equipment and critiquing the overall exercise.

EMPLOYEE EMERGENCY PLAN TRAINING:

All employees will be trained initially upon approval of this plan and annually thereafter. Specific Employees will be trained to the HAZWOPER Operations Level. These employees will annually be refreshed with this training and drilled on emergency response on a quarterly basis.

SITE SECURITY AND CONTROL:

The facility is protected by an automatic alarm system if anyone were to try and enter the building. The company receiving the alarm notifies the police and a company representative. The Tank Farm is protected by a locked fence and motion detectors whenever the facility is not operational or occupied.

ASSESSMENT OF ANTICIPATED INCIDENTS

1. Types and volumes of hazardous materials stored at this facility.

Chemical	CAS#	Quantity (Gallons)
A. Acetone	67-64-1	8,000-15,000
B. Ethyl Ether	60-29-7	10,000-40,000
C. Heptane	142-82-5	10,000-20,000
D. Hexane	110-54-3	500-7,500
E. Methanol	67-56-1	500-10,000
F. Methylene Chloride	75-09-2	500-4,000
G. Mineral Spirits	8052-41-3	500-2,000
H. Toluene	108-88-3	1,000-5,000
I. Tetrachloroethylene	127-18-4	1,000-5,000
J. #2 Fuel Oil	68476-30-2	10,000
K. A-108 Propane	74-98-6	10,000
L. Difluoroethane	75-37-6	6,000
M. Tetrafluoroethane	811-97-2	7,500
N. A-70	68476-86-8	6,000
Maximum total Gallons		158,000
Largest Tank		10,000

Certificate of Training

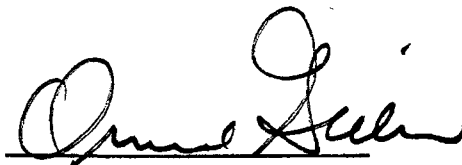
This Certifies That JOSE ORTEGA.

has successfully completed the

Hazardous Materials & Waste Management and Compliance Seminar

in a sincere effort to comply with the mandatory and annual training and testing requirements of
the U.S. Department of Transportation, the Environmental Protection Agency, or
the Occupational Safety and Health Administration.

In Witness Whereof, this certificate is signed and sealed on this date APRIL 5, 2011



Instructor's signature

Transportation Skills Programs, Inc.

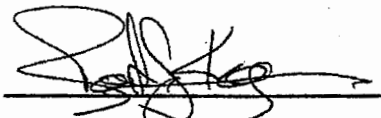
Certificate of Training

This Certifies That Ormond K. Gilliam
has successfully completed the

TSB Hazardous Materials & Waste Management and Compliance Seminar

in a sincere effort to comply with the mandatory and annual training and testing requirements of
the U.S. Department of Transportation (49 CFR 172.704),
the Environmental Protection Agency (40 CFR 262.34(a)(4) & 265.16),
or the Occupational Safety and Health Administration (29 CFR 1910.120(q)(6)(i)).

In Witness Whereof, this certificate is signed and sealed on this date June 17, 2009


Robert J. Keegan, President

ASHLAND LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator:	SPRAY PRODUCTS			EPA ID#	PAD042716084
Manifest #	001783974FLE	Profile #	73-1758	Line Item:	9B(1)
EPA Codes	F002,F003,D001				

☐ Wastewater ☒ Non Wastewater

EPA Waste Codes	Waste Description & Treatment/Regulatory Subcategory	Concentration in mg/l or Technology Code
<input checked="" type="checkbox"/> D001	Ignitable characteristic wastes except for 261.21(a)(1) High TOC subcategory that are managed in Non-CWA/Non-CWA equivalent/non class 1 SDWA systems.	DEACT and meet 268.48 standards or RORGS; or CMBST
<input type="checkbox"/> D001	High TOC Ignitable characteristic liquids subcategory based on 40 CFR 261.21(a)(1)-greater than or equal to 10% TOC.	RORGS; or CMBST
<input type="checkbox"/> D002	Corrosive characteristic wastes that are managed in non-CWA non-CWA equivalent, or class/SDWA systems.	DEACT & meet 268.48 standards
<input type="checkbox"/> D003	Other Reactives Subcategory based on 261.23 (a)(1)	DEACT & meet 268.58 standards
D004-D011 Non-Wastewater Heavy Metals Expressed on Concentrations of mg/l (TCLP)		

- | | |
|--|---|
| <input type="checkbox"/> D004 Arsenic 5.0 | <input type="checkbox"/> D008 Lead 5.0 |
| <input type="checkbox"/> D005 Barium 100 | <input type="checkbox"/> D009 Mercury 0.20 low mercury standard |
| <input type="checkbox"/> D006 Cadmium 1.0 | <input type="checkbox"/> D010 Selenium 1.0 |
| <input type="checkbox"/> D007 Chromium 5.0 | <input type="checkbox"/> D011 Silver 5.0 |

D012-D043 Concentrations Expressed in mg/kg, and Must Meet 268.48 Standards.		
<input type="checkbox"/> D012 Endrin 0.13	<input type="checkbox"/> D024 m-cresol 5.6	<input type="checkbox"/> D036 Nitrobenzene 14
<input type="checkbox"/> D013 Lindane 0.066	<input type="checkbox"/> D025 p-cresol 5.6	<input type="checkbox"/> D037 Pentachlorophenol 7.4
<input type="checkbox"/> D014 Methoxychlor 0.18	<input type="checkbox"/> D026 p-Total cresols 11.2	<input type="checkbox"/> D038 Pyridine 16
<input type="checkbox"/> D015 Toxaphene 2.6	<input type="checkbox"/> D027 p-dichlorobenzene 6.0	<input type="checkbox"/> D039 Tetrachloroethylene 6.0
<input type="checkbox"/> D016 2,4 D 10	<input type="checkbox"/> D028 1,2-dichloroethane 6.0	<input type="checkbox"/> D040 Trichloroethylene 6.0
<input type="checkbox"/> D017 2,4,5-TP Silvex 7.9	<input type="checkbox"/> D029 1,1-dichloroethylene 6.0	<input type="checkbox"/> D041 2,4,5-Triphenol 7.4
<input type="checkbox"/> D018 Benzene 10	<input type="checkbox"/> D030 2,4-dinitrotoluene 140	<input type="checkbox"/> D042 2,4,6-Triphenol 7.4
<input type="checkbox"/> D019 Carbon Tetrachloride 6.0	<input type="checkbox"/> D031 Heptachlor/epoxides.066	<input type="checkbox"/> D043 Vinyl Chloride 6.0
<input type="checkbox"/> D020 Chlordane 0.26	<input type="checkbox"/> D032 Hexachlorobenzene 10	
<input type="checkbox"/> D021 Chlorobenzene 6.0	<input type="checkbox"/> D033 Hexachlorobutadiene 5.6	
<input type="checkbox"/> D022 Chloroform 6.0	<input type="checkbox"/> D034 Hexachloroethane 30	
<input type="checkbox"/> D023 o-cresol 5.6	<input type="checkbox"/> D035 Methyl Ethyl Ketone 36	


F001-F005 Spent Solvents Concentrations expressed in mg/kg	F003-F005 Non-Wastewater spent solvents expressed in mg/l (TCLP)
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- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Acetone 160 | <input type="checkbox"/> Methylene Chloride 30 | <input type="checkbox"/> Carbon Disulfide 3.8 |
| <input type="checkbox"/> Benzene 10 | <input type="checkbox"/> Methyl Ethyl Ketone 36 | <input type="checkbox"/> Cyclohexanone 0.75 |
| <input type="checkbox"/> n-Butyl Alcohol 2.6 | <input type="checkbox"/> Methyl Isobutyl Ketone 33 | <input type="checkbox"/> Methanol 0.75 |
| <input type="checkbox"/> Carbon Tetrachloride 6.0 | <input type="checkbox"/> Nitrobenzene 14 | |
| <input type="checkbox"/> Chlorobenzene 6.0 | <input type="checkbox"/> Pyridine 16 | |
| <input type="checkbox"/> o-cresol 5.6 | <input type="checkbox"/> Tetrachloroethylene 6.0 | |
| <input type="checkbox"/> m-cresol 5.6 | <input type="checkbox"/> Toluene 10 | |
| <input type="checkbox"/> p-cresol 5.6 | <input type="checkbox"/> 1,1,1 Trichloroethane 6.0 | |
| <input type="checkbox"/> Cresol mixed isomers 11.2 | <input type="checkbox"/> 112 Trichloroethane 6.0 | |
| <input type="checkbox"/> Dichlorobenzene 6.0 | <input type="checkbox"/> 112 Trichloro 122-trifluoroethane 30 | |
| <input type="checkbox"/> Ethyl Acetate 33 | <input type="checkbox"/> Trichloroethylene 6.0 | |
| <input type="checkbox"/> Ethyl Benzene 10 | <input type="checkbox"/> Trichloromonofluoromethane 30 | |
| <input type="checkbox"/> Ethyl Ether 160 | <input type="checkbox"/> Xylene (mixed isomer) 30 | |
| <input type="checkbox"/> Isobutyl Alcohol 170 | | |

Ashland does not warrant the acceptability of this form for any specific purpose, waste or treatment method and does not warrant that its use will constitute compliance with applicable law and expressly disclaims responsibility or liability, for any penalties, damages or other costs which may arise out of or be related to use of this document.

ASHLAND LAND DISPOSAL RESTRICTION NOTIFICATION FORM

EPA Waste Codes	Technology Code
<input type="checkbox"/> U189,U249	CHOXD;CHRED; or INCIN
<input type="checkbox"/> U246	CHOXD;WETOX; or INCIN
<input type="checkbox"/> U023,U096,U133,U086,U098,U099,U103,U109,U160	CHOXD;CHRED; or CMBST
<input type="checkbox"/> U238,U353	INCIN; or Thermal Destruction
<input type="checkbox"/> U115	CHOXD; or INCIN
<input type="checkbox"/> K044,K045,K047	CHOXD, or INCIN
<input type="checkbox"/> K112,K123,K124,K125,K126,K025,K026,U001,U006,U007,U010,U014,U015,U017,U020,U021,U026,U033,U034,U035,U038,U041,U042,U046,U049,U059,U062,U073,U074,U091,U092,U093,U095,U097,U110,U114,U116,U119,U132,U143,U148,U149,U150,U153,U156,U163,U167,U168,U171,U173,U176,U178,U184,U191,U193,U194,U200,U202,U206,U218,U219,U222,U236,U237,U238,U244 F005 (2-Nitropropane,2-ethoxyethanol)	INCIN
<input type="checkbox"/> K027,K039,K113,K114,K116,U008,U016,U053,U055,U056,U057,U058,U064,U085,U087,U089,U090,U094,U113,U122,U123,U124,U125,U126,U147,U154,U166,U182,U186,U197,U201,U213,U221,U223,U248,U359	CMBST
<input type="checkbox"/> P001-P005,P007,P008,P010-P018,P020-P024,P026-P031,P033,P034,P036-P047,P085,P087-P089,P092-P094,P097-P099,P101-P111,P113-P116,P118-P121,P123,P128,P185,P188-P192,P194,P196-P199,P201-P205	CMBST

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>PA D 1042716084</u>		
3. Site Name	Name: <u>Spray Products Corp</u>		
4. Site Location Information	Street Address: <u>1323 Carshocker Rd</u>		
	City, Town, or Village: <u>Plymouth Meeting</u>	County: <u>Huntersville</u>	
	State: <u>PA</u>	Country: <u>USA</u>	Zip Code: <u>19462</u>
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>325998</u>		C. <u> </u>
	B. <u> </u>		D. <u> </u>
7. Site Mailing Address	Street or P.O. Box: <u>P.O. Box 737</u>		
	City, Town, or Village: <u>Norrisstown</u>		
	State: <u>PA</u>	Country: <u>USA</u>	Zip Code: <u>19404</u>
8. Site Contact Person	First Name: <u>Guy</u> MI: <u>F</u> Last: <u>Jordan</u>		
	Title: <u>Plant Engineer</u>		
	Street or P.O. Box: <u>1323 Carshocker Rd</u>		
	City, Town or Village: <u>Plymouth Meeting</u>		
	State: <u>PA</u>	Country: <u>USA</u>	Zip Code: <u>19462</u>
	Email: <u>guy@sprayproducts.com</u>		
	Phone: <u>610-277-1010</u>	Ext.: <u>1291</u>	Fax: <u>610-277-1291</u>
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: <u>Bastian Enterprises</u>		
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: <u>P.O. Box 737</u>		
	City, Town, or Village: <u>Norrisstown</u>		Phone: <u>610-277-1010</u>
	State: <u>PA</u>	Country: <u>USA</u>	Zip Code: <u>19404</u>
	B. Name of Site's Operator: <u>Spray Products Corp.</u>		
	Date Became Operator: <u>5/10/1953</u>		
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

Y ☒ N ☐

1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

2. Transporter of Hazardous Waste

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

3. Treater, Storer, or Disposer of Hazardous Waste

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒

4. Recycler of Hazardous Waste

Y ☐ N ☒

5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

6. Underground Injection Control

Y ☐ N ☒

7. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) ☐
f. Other (specify) ☐
g. Other (specify) ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

1. Used Oil Transporter

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

2. Used Oil Processor and/or Re-refiner

If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

3. Off-Specification Used Oil Burner

Y ☐ N ☒

4. Used Oil Fuel Marketer

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

- A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
F003						

- B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number

PAN042716984

OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

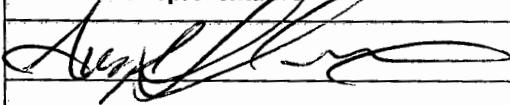
13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)



Guy Teader Plant Engineer

2/3/2010

73-2243

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Stacy Products Corp.EPA ID Number: PAID04R716084U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Flammable spent solvent manufacturing, Acetone

B. EPA hazardous waste code(s)

D001F003

C. State hazardous waste code(s)

D. Source code

G01

E. Form code

W211

F. Quantity generated in 2009

16671

G. Waste minimization code

☐

Management Method code for Source code G25

HUOM SDensity 6.8 ☒ lbs/gal ☐ sg

Sec. 2

Was any of this waste managed on site?

- ☐
- Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒
- Yes (CONTINUE TO ITEM B)
-
- ☐
- No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

SCD036275626C. Off-site Management
Method code shipped toH061

D. Total quantity shipped in 2009

55

Site 2

B. EPA ID No. of facility to which waste was shipped

OHID001926740C. Off-site Management
Method code shipped toH061

D. Total quantity shipped in 2009

16616

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped toH

D. Total quantity shipped in 2009

Comments:

73-2242

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Spray Products Corp.EPA ID Number: PA1042716084U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1		A. Waste description: <u>Flammable spent solvent manufacturing, Heptano</u>	
B. EPA hazardous waste code(s) <u>12001F003</u>		C. State hazardous waste code(s) _____	
D. Source code <u>G011</u>	E. Form code <u>W2111</u>	F. Quantity generated in 2009 <u>19069.1</u> UOM <u>5</u> Density <u>6.8</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste minimization code <input type="checkbox"/>
Management Method code for Source code G25 <u>H</u>			

Sec. 2	Was any of this waste managed on site? <u>9:30</u>	
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009	On-site Management Method code
<u>H</u>	_____	<u>H</u>
	_____	_____

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>SCD036275626</u>	C. Off-site Management Method code shipped to <u>H062</u>	D. Total quantity shipped in 2009 <u>4125</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u>0H1001926740</u>	C. Off-site Management Method code shipped to <u>H062</u>	D. Total quantity shipped in 2009 <u>14944</u>
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code shipped to <u>H</u>	D. Total quantity shipped in 2009 _____

Comments:

73-1758

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Spray Products Corp.

EPA ID Number

PAID 042716084

GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Waste Flammable Liquid U.O.S. Heptane/Methylethyl chloride

B. EPA hazardous waste code(s)

D001 F002 F003

C. State hazardous waste code(s)

D. Source code

G01

E. Form code

W211

F. Quantity generated in 2009

4190

G. Waste

minimization code

Management Method code for Source code G25

H

UOM

5

Density

9.1 lbs/gal

sg

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

SCD 036275 626

C. Off-site Management
Method code shipped to

H061

D. Total quantity shipped in 2009

110

Site 2

B. EPA ID No. of facility to which waste was shipped

04D 001 926 740

C. Off-site Management
Method code shipped to

H061

D. Total quantity shipped in 2009

4080

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

73-2094

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Spray Products Corp.EPA ID Number: PA104127116084U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Waste flammable liquids Toxic, U.O.S.

B. EPA hazardous waste code(s)

D001

C. State hazardous waste code(s)

D. Source code

G01

Management Method code for Source code G25

H

E. Form code

W211

F. Quantity generated in 2009

UOM SDensity 8.1 ☒ lbs/gal ☐ sg

G. Waste

minimization code

☐

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

041001926740C. Off-site Management
Method code shipped toH061

D. Total quantity shipped in 2009

4072

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped toH

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped toH

D. Total quantity shipped in 2009

Comments:

73-2244

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME:

Spray Products Corp

EPA ID Number

PAID042716984

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description:

Spent solvent, manufacturing, Methanol

B. EPA hazardous waste code(s)

U154D001F003

C. State hazardous waste code(s)

D. Source code

G01

E. Form code

W2111

F. Quantity generated in 2009

8358

G. Waste
minimization code

Management Method code for Source code G25

H

UOM L5

Density 8.9 lbs/gal

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

SCD036275626

C. Off-site Management
Method code shipped to

H061

D. Total quantity shipped in 2009

110

Site 2

B. EPA ID No. of facility to which waste was shipped

OH001926740

C. Off-site Management
Method code shipped to

H061

D. Total quantity shipped in 2009

8248

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number PA.D.04.271.6084		
3. Site Name (page 10)	Name: Spray Products Corp.		
4. Site Location Information (page 10)	Street Address: 1323 Conshohocken Rd		
	City, Town, or Village: Plymouth Meeting	State: PA.	
	County Name: Montgomery	Zip Code: 19462	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 325998	B.	
	C.	D.	
7. Site Mailing Address (page 11)	Street or P. O. Box: P.O. Box 737		
	City, Town, or Village: Norristown		
	State: PA.		
	Country: USA	Zip Code: 19404	
8. Site Contact Person (page 11)	First Name: Guy	MI: f.	Last Name: Jordan
	Phone Number: 610-277-1010	Extension: 1291	E-mail address: guy@sprayproducts.com
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: Spray Products Corp		Date Became Operator (mm/dd/yyyy): 5/20/1953
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Bastien Enterprises	Date Became Owner (mm/dd/yyyy): 4/30/2002	
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Legal Owner (Continued) Address	Street or P. O. Box: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">P.O. Box 737</div>	
	City, Town, or Village: <u>Norristown</u>	
	State: <u>PA.</u>	
	Country: <u>USA</u>	Zip Code: <u>19404</u>

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities Complete all parts for 1 through 6.

<input checked="" type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c. <input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste In addition, indicate other generator activities. <input type="checkbox"/> N d. United States Importer of Hazardous Waste <input type="checkbox"/> N e. Mixed Waste (hazardous and radioactive) Generator	<input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste <input type="checkbox"/> N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. <input type="checkbox"/> N 4. Recycler of Hazardous Waste (at your site) <input type="checkbox"/> N 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining <input type="checkbox"/> N 6. Underground Injection Control
---	--

B. Universal Waste Activities

☐ ~~N~~ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:

Managed

a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

☐ ~~N~~ 2. Destination Facility for Universal Waste
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
 Mark all boxes that apply.

<input type="checkbox"/> N 1. Used Oil Transporter If "yes", mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility	<input type="checkbox"/> N 2. Used Oil Processor and/or Re-refiner If "yes", mark each that applies. <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner
<input type="checkbox"/> N 3. Off-Specification Used Oil Burner	
<input type="checkbox"/> N 4. Used Oil Fuel Marketer If "Yes", mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications	

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

Doos/Foos						

[illegible]

Signature of operator, owner, or an authorized representative

Date Signed
(mm/dd/yyyy)

Guy Jordan Plant Engineer

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Spray Products Corp.EPA ID NO: PAD 042 716 084

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>Flammable spirit solvent workshop, Manufacturing, Hepkeme</u>			
	B. EPA hazardous waste code <u>0001 F003</u>		C. State hazardous waste code	
D. Source code <u>LG 01</u>		E. Form code <u>LW 223</u>	F. Quantity generated in 2007 <u>55339</u>	G. UOM <u>S</u>
Management Method code for Source code G25 <u>4</u>		Density <u>3.8</u>		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (pages 24 and 25)			
	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007	
<u>4</u>	<u>1</u>	<u>4</u>	<u>1</u>	

Sec. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)		
	<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ARD 984 057 870</u>	C. Off-site Management Method code Shipped to <u>061</u>	D. Total quantity shipped in 2007 <u>24365</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u>OKA 001 926 740</u>	C. Off-site Management Method code Shipped to <u>061</u>	D. Total quantity shipped in 2007 <u>30974</u>
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Spray Products Corp.EPA ID NO: PAD042716084

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>Flammable spent solvent washout, Manufacturing, Acetone</u>			
	B. EPA hazardous waste code <u>0001 F003</u>		C. State hazardous waste code	
D. Source code	E. Form code		F. Quantity generated in 2007	G. UOM
	<u>L601</u>		<u>7040</u>	<u>5</u>
Management Method code for Source code G25			Density	
<u>LH</u>			<u>7.0</u>	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (pages 24 and 25)			
	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007	
<u>LH</u>	<u>7040</u>	<u>LH</u>	<u>7040</u>	

Sec. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)		
	<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
	<u>ARD 981 057 670</u>	<u>LH 061</u>	<u>7040</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
		<u>LH</u>	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
		<u>LH</u>	

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Spray ProductsEPA ID NO: PA DC42716089FORM
GM

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description waste Aerosols -B. EPA hazardous waste code D001 FC03
D035

C. State hazardous waste code

D. Source code

G111

Management Method code for Source code G25

H111

E. Form code

W211

F. Quantity generated in 2007

89008

G. UOM

l

Density

7.0☒ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☐
- 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management Method code

Quantity treated, disposed, or recycled on site in 2007

H1111111111111

On-site Management Method code

Quantity treated, disposed, or recycled on site in 2007

H1111111111111

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

- ☒
- Yes (CONTINUE TO BOX B)
- ☐
- 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

ARD981057870

C. Off-site Management Method code Shipped to

H061

D. Total quantity shipped in 2007

89008

Site 2 B. EPA ID No. of facility to which waste was shipped

1111111111

C. Off-site Management Method code Shipped to

H111

D. Total quantity shipped in 2007

1111111111

Site 3 B. EPA ID No. of facility to which waste was shipped

1111111111

C. Off-site Management Method code Shipped to

H111

D. Total quantity shipped in 2007

1111111111

Comments: